

M15000005100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

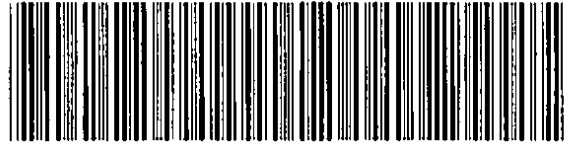
(Business Entity Name)

(Document Number)

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RAE RO Charge

U.S. DISTRICT COURT  
MIDDLE DISTRICT  
TALLAHASSEE, FLORIDA

2022 JUN 28 AM 11:24

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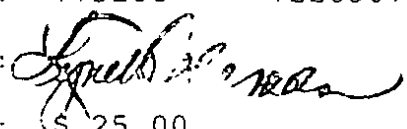
U.S. DISTRICT COURT  
MIDDLE DISTRICT  
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 1:26

FILED

A. RAMSEY  
JUN 29 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 773206 7226307  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : June 27, 2022  
ORDER TIME : 8:24 AM  
ORDER NO. : 773206-006  
CUSTOMER NO: 7226307

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CHANGE OF AGENT

NAME: AW NORTHWEST MEDICAL ARTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: AW NORTHWEST MEDICAL ARTS, LLC

|  |  |
|--|--|
| 2. (a) <u>11780 US HIGHWAY ONE</u><br>Principal office address of limited liability company:<br><i>(Note: MUST BE STREET ADDRESS)</i><br><u>SUITE 305</u><br><u>NORTH PALM BEACH, FL 33408</u> | (b) <u>11780 US HIGHWAY ONE</u><br>Mailing address of limited liability company:<br><i>(Note: MAY BE POST OFFICE BOX)</i><br><u>SUITE 305</u><br><u>NORTH PALM BEACH, FL 33408</u> |
|--|--|

|  |   |
|--|---|
| 3. <u>06/29/2015</u><br>Date of filing/registration in Florida | 4. <u>M15000005100</u><br>Document number |
|--|---|

5. (a) JONES FOSTER SERVICE, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
505 S. FLAGLER DRIVE, SUITE 1100  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

WEST PALM BEACH, FL. 33401

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL. 32301

FILED  
2002 JUN 28 PM 1:26  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

|  |  |
|--|--|
| <u>/s/ Brian K. Waxman</u><br>Signature of a member or authorized representative of a member | <u>Brian K. Waxman, President</u><br>Printed or typed name of signee |
|--|--|

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Grace E. Kirby  
Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President of Corporation Service Company

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**